

HAMPTON ROADS ECUMENICAL LODGINGS & PROVISIONS, INC.

**H.E.L.P. Free Clinic &
Administrative Office**

**317 Rip Rap Road
Hampton, VA 23669**

Main 850-8956 Clinic 723-0648

H.E.L.P. Free Dental Clinic

1320 LaSalle Ave.

Hampton, VA 23669

(757) 727-2577

VOLUNTEER APPLICATION

Date _____

Name _____

Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

CONTACT INFORMATION

Home Phone _____ Best Time to Call _____

Work Phone _____ Best Time to Call _____

Cell Phone / Pager _____

E-mail Address _____

REFERENCES/REFERRAL:

Referred to the Clinic by _____

Reference _____ Phone Number _____

Reference _____ Phone Number _____

EMPLOYMENT INFORMATION

Employer _____

Address _____

City _____ State _____ Zip Code _____

Occupation _____ FT _____ P/T _____

BRIEFLY DESCRIBE ANY VOLUNTEER EXPERIENCE

WHAT SKILLS, TALENTS AND / OR RESOURCES WOULD YOU PROVIDE THE FREE CLINIC THROUGH YOUR VOLUNTEER SERVICE?

WHAT TYPE OF WORK ARE YOU INTERESTED IN HELPING WITH AT THE OFFICE, MEDICAL OR DENTAL CLINIC?

Newsletter { } Office { } Pharmacist { } Dental Assistant { }
 Fundraising { } Screening { } Physician { } Hygienist { }
 Special Events { } Nursing { } Dentist { } Pharmacist { }
 Other { } _____

TIMES AVAILABLE TO VOLUNTEER

Time	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Noon					
Early Afternoon					
Evenings					

FOR OFFICE USE ONLY

Application approved _____ Date _____ By _____
 Date of Orientation _____ Attended Orientation _____ Yes _____ No
 Assigned to: _____
 Job Title _____ Received Job Description: _____
 Start Date _____ Schedule: _____

Administrative Office Hours:

Monday – Friday 8:30 AM – 4:30 PM
 Dental Clinic Monday – Friday 9:00 AM – 4:30 PM (Evening hours pending volunteer availability)
 Medical Clinic – Office Hours Monday – Thursday 8:30 AM – 4:30 PM
 Patient Hours Monday, Tuesday, Thursday – 5 PM – 8:00 PM
 Wednesday 10 AM – 12 Noon and 3 PM – 7 PM

If you are a medical or dental professional, please provide copy of license with this application. Applications may be returned by mail to: H.E.L.P., P. O. Box 190, Hampton, VA 23669, dropped off at: 317 Rip Rap Road, Hampton or Faxed to: 757-723-0649

Confidentiality Statement

In assuming my responsibilities as a volunteer of H.E.L.P., I, _____, hereby agree to treat as confidential the identity and all information about every person who comes to H.E.L.P. This includes all medical, social services, legal and other records. I further agree to exercise great care in protecting H.E.L.P. records and clients from any unauthorized scrutiny. I understand that any breach of the above agreement may be basis for immediate termination of my association with H.E.L.P.

Signed (Volunteer) _____ Date: _____

Signed (Witness) _____ Date: _____